



Andover Dollars for Scholars®

PO Box 5052
Andover, MA 01810

TOWN OF ANDOVER SCHOLARSHIP APPLICATION

Spring 2008

Dear Applicant:

Attached is the application for residents of Andover who wish to be considered for competitive financial grants to further their post-secondary education. Current high school graduates, returning college applicants and adult applicants may apply. Scholarships are awarded on the basis of need and/or merit for **full-time students pursuing their first undergraduate degree in an accredited two – or four-year program of education.**

What is unique about a Dollars for Scholars scholarship? Students who receive other local scholarships often find that their financial aid package from the institution has been reduced by some percentage of the scholarship. In contrast, Dollars for Scholars scholarships may access added value through two unique programs:

1. Collegiate Partners: Colleges and universities that are part of this program have agreed that up to \$2,500 of a Dollars for Scholars scholarship will be used to reduce unmet need and then self-help (loans and work-study) in a student's financial aid package.
2. Matching Collegiate Partners: Institutions that are Matching Partners may match a portion of a Dollars for Scholars chapter award up to the amount set by the institution.

The distribution of scholarships is determined by a committee appointed by the Board of Selectmen. To ensure confidentiality, the name and address of the applicant, as well as any other identifying information, will be removed before the application is forwarded to the selection committee. Scholarship winners must agree to have their names and photographs published. Awards will be payable to the selected college or school. **All applicants will be notified in writing of scholarship decisions by early June.**

The **fully completed** application, **postmarked no later than April 21, 2008**, should be mailed to:

Andover Dollars for Scholars
PO Box 5052
Andover, MA 01810

This application will be considered incomplete if ALL information is not provided on this application form. Resumes may be attached but will not be considered a substitute for completing this form. Incomplete applications will not be considered. If you have questions, please contact:

Carolyn Hanson · hanse@comcast.net · (978) 470-3735
Rhonda Primes · trjmp@comcast.net · (978) 749-9933
Sue Rice · srice101@comcast.net · (978) 475-2357

Applications available online at andoverma.gov/residents under “Dollars for Scholars”

Certification: *In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.*

I agree that if I am offered and accept an award from Scholarship America® or an affiliated program, Scholarship America and its affiliated programs may use my name, the name of my community, the name and address of my school, the amount of the award, and the name of the post-secondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet) to advance the non-profit objectives of Scholarship America® and its affiliated programs.

Applicant's Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____
(Parent/Guardian also must sign if applicant is under 18)

Applicant General Information:

Applicant's Name: _____ SSN: _____
(Please Print)

Applicant's Address: _____
(Street)

(City) (State) (Zip)

Home Phone: _____ Email: _____

 **The following documents MUST BE provided by all applicants.** 
Applications received without these documents WILL NOT BE considered.

Document Checklist: *Do not submit photographs, portfolios, cd's, videos, art objects, etc.*

_____ Completed Application _____ SAT I and/or ACT Scores
_____ Current Official Transcript of Grades and GPA _____ Letter of Recommendation

Personal Data:

Independent Adult Applicant:

Current Occupation	Employer	Length of Employment

Dependent Student Applicant:

Father's Current Occupation	Employer	Length of Employment

Mother's Current Occupation	Employer	Length of Employment

College/institution you will attend **full-time** _____

In the Fall you will be a: ____ Freshman ____ Sophomore ____ Junior ____ Senior

College address _____
(Street) (City) (State) (Zip)

Field in which you will major: _____

Student will: ____ Live on campus ____ Live off campus ____ Commute

Make a statement of your plans as they relate to your educational career objectives and future goals. Please limit response to space provided.

Please note: Information for the following questions MUST BE written directly on this application form. An attached resume will not be accepted as a substitute.

Describe your work experience during the **past 4 years**. Indicate total months of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Employment Position (Past 4 years only)	Total Number of Months (Max of 48)	Check One			
		No Set Hours	Part Time ≤4 Hrs Per Wk	Part Time ≥5 Hrs Per Wk	Full Time ≥32 Hrs Per Wk

List only significant **school** activities (**more than 10 hours per year**) in which you participated during the past 4 years (e.g. student government, music, sports, etc.). List all community activities in which you participated without pay during **the past 4 years** (e.g. Red Cross, church and/or volunteer work). Indicate all special awards, honors. Please use additional paper if needed.

School Activities (Past 4 years only)	# of Months (Max of 40)	Check One			Special Awards, Honors, Offices Held
		No Set Hours	≤ 4 Hrs Per Wk	≥ 5 Hrs Per Wk	

Community Activities (Past 4 years only)	# of Months (Max of 48)	Check One				Special Awards, Honors, Offices Held
		No Set Hours	≤ 4 Hrs Per Wk	≥ 5 Hrs Per Wk	≥ 32 Hrs Per Wk	

Optional Personal Statement: Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, your participation in school and community activities or your family's financial circumstances.

OTHER:

1. Veterans or sons/daughters of veterans:
 - a) Have you or your parent(s) served in the Armed Services or Merchant Marine? (Please attach a written statement from yourself/parent declaring proof of military enlistment and honorable discharge.)
 - b) Andover address at time of enlistment: _____

 - c) Approximate month and year of enlistment: _____
2. Will you major or minor in any of the following? (Please designate as major or minor.)

_____ Computer Science	_____ Humanities	_____ Public Service/Politics
_____ Education	_____ Landscaping/Horticulture	_____ Science
_____ Engineering	_____ Marketing/Business	_____ Secretarial
_____ Geriatrics	_____ Nursing	_____ Social Science
_____ Health Sciences	_____ Psychology	_____ Theater
3. Are you receiving learning disability services this year? _____
4. Have you shown outstanding potential, talent or accomplishment in any of the following:
__ Creative Writing __ Entrepreneurship __ Leadership __ Music __ Public Speaking __ Service to Others
Explain briefly in space provided _____

5. Are you a descendent of Ralph W. and Winifred Cutler Trow? _____
6. Letter of Recommendation (One is required and it is suggested that for high school students it come from a Guidance Counselor. For returning students the recommendation may come from any college official.)

Important – please note:

ANDOVER HIGH SCHOOL STUDENTS: Have your Letters of Recommendation given directly to the Guidance Department who will hold them for Dollars for Scholars.

ALL OTHER APPLICANTS: Have your Letters of Recommendation mailed directly to:
Andover Dollars for Scholars
PO Box 5052
Andover, MA 01810

APPLICATIONS MUST BE POSTMARKED NO LATER THAN APRIL 21, 2008

If you wish to be considered ONLY for merit-based scholarships your application is complete.

If you wish to be considered for need-based scholarships you must provide the following additional documentation:

1. Official College Financial Award Letter
2. Official College Statement of Cost of Attendance
3. FAFSA Student Aid Report*

Applications **will not be** considered without this information. If you cannot provide this information you must contact one of the following individuals:

Carolyn Hanson · *hanse@comcast.net* · (978) 470-3735

Rhonda Primes · *trjmp@comcast.net* · (978) 749-9933

Sue Rice · *srice101@comcast.net* · (978) 475-2357

* DFS does not need the grid page from the Student Aid Report (the page with all the detail information) – just submit the cover page that states the Expected Family Contribution (EFC) figure.